

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
DKT INTERNATIONAL, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O D. FRANKSTONE P.O. DRAWER 2869
 City or town, state or country, and ZIP + 4
CHAPEL HILL, NC 27515

D Employer identification number
58-1593137

E Telephone number
(202) 223-8780

F Accounting method Cash Accrual
 Other (specify) _____

G Website: **WWW.DKTINTERNATIONAL.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **105,166,064.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e		
Revenue	1 Contributions, gifts, grants, and similar amounts received:											
	a Contributions to donor advised funds											
	b Direct public support (not included on line 1a)				13,306,998.							
	c Indirect public support (not included on line 1a)											
	d Government contributions (grants) (not included on line 1a)				21,101,867.							
	e Total (add lines 1a through 1d) (cash \$ <u>32,598,390.</u> noncash \$ <u>1,810,475.</u>)									34,408,865.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)									49,682,146.		
	3 Membership dues and assessments											
	4 Interest on savings and temporary cash investments									695,035.		
	5 Dividends and interest from securities									1,135,814.		
Revenue	6 a Gross rents		6a									
	b Less: rental expenses		6b									
	c Net rental income or (loss). Subtract line 6b from line 6a									6c		
	7 Other investment income (describe ROYALTY INCOME)										575,272.	
Revenue	8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
			18,616,144.	8a	52,788.							
	b Less: cost or other basis and sales expenses		17,910,735.	8b	81,101.							
	c Gain or (loss) (attach schedule)		705,409.	8c	-28,313.							
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 STMT 3									8d	677,096.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
Revenue	a Gross revenue (not including _____ of contributions reported on line 1b)		9a									
	b Less: direct expenses other than fundraising expenses		9b									
	c Net income or (loss) from special events. Subtract line 9b from line 9a										9c	
Revenue	10 a Gross sales of inventory, less returns and allowances		10a									
	b Less: cost of goods sold		10b									
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c	
	11 Other revenue (from Part VII, line 103)										11	
	12 Total revenue. Add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										12	87,174,228.
Expenses	13 Program services (from line 44, column (B))										13	67,980,628.
	14 Management and general (from line 44, column (C))										14	1,438,191.
	15 Fundraising (from line 44, column (D))										15	101,819.
	16 Payments to affiliates (attach schedule)										16	
	17 Total expenses. Add lines 16 and 44, column (A)										17	69,520,638.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12									18	17,653,590.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))									19	64,389,324.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4									20	3,416,147.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20									21	85,459,061.	

SCANNED SEP 17 2008

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	596,188.	372,620.	203,368.	20,200.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,342,770.	8,207,742.	75,627.	59,401.
27 Pension plan contributions not included on lines 25a, b, and c	60,978.	48,207.	12,771.	
28 Employee benefits not included on lines 25a - 27	564,630.	526,801.	20,354.	17,475.
29 Payroll taxes	155,099.	124,020.	26,336.	4,743.
30 Professional fundraising fees				
31 Accounting fees	847,296.		847,296.	
32 Legal fees	36,946.		36,946.	
33 Supplies				
34 Telephone	394,164.	394,164.		
35 Postage and shipping	159,107.	159,107.		
36 Occupancy	1,188,170.	1,188,170.		
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	1,695,066.	1,695,066.		
40 Conferences, conventions, and meetings	185,557.	185,557.		
41 Interest	53,636.	53,636.		
42 Depreciation, depletion, etc (attach schedule)	665,498.	665,498.		
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 5	54,575,533.	54,360,040.	215,493.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	69,520,638.	67,980,628.	1,438,191.	101,819.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a DEVELOPMENT AND SUSTAINING ACTIVITIES IN THE AREAS OF FAMILY PLANNING AND HEALTH WORLDWIDE	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	37,292,466.
b SALE OF FAMILY PLANNING PRODUCTS	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30,688,162.
c	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	67,980,628.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	8,645,093.	45 16,788,747.
	46 Savings and temporary cash investments	8,340,292.	46 6,326,278.
	47 a Accounts receivable	47a 10,765,430.	
	b Less: allowance for doubtful accounts	47b	47c 10,765,430.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	1,197,439.	49 1,328,827.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	9,701,940.	52 9,982,999.
	53 Prepaid expenses and deferred charges	3,137,455.	53 3,440,496.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	35,154,175.	54a 47,927,949.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 5,475,916.		
b Less: accumulated depreciation	57b 3,176,180.	57c 2,299,736.	
58 Other assets, including program-related investments (describe SEE STATEMENT 7)	1,480,329.	58 1,693,500.	
59 Total assets (must equal line 74) Add lines 45 through 58	76,972,637.	59 100,553,962.	
Liabilities	60 Accounts payable and accrued expenses	8,106,026.	60 12,058,878.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	1,105,920.	64b 976,760.
	65 Other liabilities (describe ADVANCES ON GRANTS)	3,371,367.	65 2,059,263.
66 Total liabilities. Add lines 60 through 65	12,583,313.	66 15,094,901.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	64,389,324.	67 78,101,773.
	68 Temporarily restricted		68 7,357,288.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	64,389,324.	73 85,459,061.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	76,972,637.	74 100,553,962.	

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed NONE		
b Number of employees employed in the pay period that includes March 12, 2007	90b	15
91 a The books are in care of PHILIP D. HARVEY Telephone no. 202-223-8780 Located at 1701 K STREET NW, SUITE 900, WASHINGTON, DC ZIP + 4 20006		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country SEE STATEMENT 15 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country **SEE STATEMENT 17**
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SALES-FAMILY PLAN PROD					48,769,348.
b MISC PROGRAM REVENUE					232,754.
c FOREIGN CURRENCY					
d TRANSLATION GAIN					680,044.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	695,035.	
96 Dividends and interest from securities			14	1,135,814.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	575,272.	
100 Gain or (loss) from sales of assets other than inventory					677,096.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,406,121.	50,359,242.
105 Total (add line 104, columns (B), (D), and (E))					52,765,363.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SALE OF CONTRACEPTIVES FOR THE PURPOSE OF FAMILY PLANNING AND PREVENTION OF HIV/AIDS; ENCOURAGE AND ADVANCE HUMAN WELFARE THROUGH FAMILY PLANNING (LINES 93B-D)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 16	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

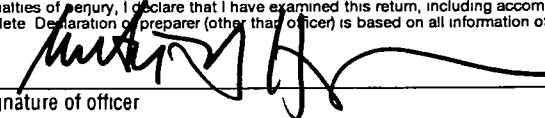
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 8/14/08

PHILIP D. HARVEY, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 08/14/08

Firm's name (or yours if self-employed), address, and ZIP + 4: COLEMAN HUNTOON CHARAMUT & BROWN, PLLC
P.O. BOX 4320
CHAPEL HILL, NC 27515-4320

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):

EIN: Phone no: (919) 968-4911

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **DKT INTERNATIONAL, INC.** Employer identification number **58 1593137**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>CRAIG DARDEN</u> 1701 K STREET NW, SUITE 900, WASHINGT	PROGRAM MGR 40.00	144,770.	5,940.	96,913.
<u>SANDRA GASS</u> 1701 K STREET NW, SUITE 900, WASHINGT	PROGRAM MGR 40.00	142,593.	4,395.	35,016.
<u>ANDREW B. PILLER</u> 1701 K STREET NW, SUITE 900, WASHINGT	PROGRAM MGR 40.00	289,543.	5,940.	26,839.
<u>TERRY SCOTT</u> 1701 K STREET NW, SUITE 900, WASHINGT	PROGRAM MGR 40.00	186,535.	5,880.	61,162.
<u>LAWRENCE HOLZMAN</u> 1701 K STREET NW, SUITE 900, WASHINGT	PROGRAM MGR 40.00	141,482.	6,075.	8,448.
Total number of other employees paid over \$50,000 ▶	13			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>JENNER & BLOCK</u> ONE IBM PLAZA, CHICAGO, IL 60611	LEGAL	206,631.
<u>COLEMAN HUNTOON CHARAMUT AND BROWN, PLLC</u> P.O. BOX 4320, CHAPEL HILL, NC 27515-4320	ACCOUNTING	165,005.

Total number of others receiving over \$50,000 for professional services ▶	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>CHESHIRE & COMPANY VIEWPOINTS PUBLISHING</u> 7744 CENTER ROAD, WEST FALLS, NY 14170	PUBLIC RELATIONS AND COMMUNICATION	84,500.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit? SEE STATEMENT 18	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 19	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966? N/A	4b	
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
	d Enter the total number of donor advised funds owned at the end of the tax year ▶ 0		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A		
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0.		
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ 0.		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	28,502,013.	28,168,076.	34,756,545.	29,596,740.	121,023,374.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	41,777,334.	27,845,151.	20,537,227.	15,937,121.	106,096,833.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	197,329.	6,083,632.	6,176,274.	1,497,754.	13,954,989.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	70,476,676.	62,096,859.	61,470,046.	47,031,615.	241,075,196.
24 Line 23 minus line 17	28,699,342.	34,251,708.	40,932,819.	31,094,494.	134,978,363.
25 Enter 1% of line 23	704,767.	620,969.	614,700.	470,316.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 3,412,354. (2005) 3,250,942. (2004) 5,500,000. (2003) 1,704,000.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 121,023,374. 16 _____ 17 106,096,833. 20 _____ 21 _____					27c 227,120,207.
d Add: Line 27a total 13,867,296. and line 27b total 0.					27d 13,867,296.
e Public support (line 27c total minus line 27d total)					27e 213,252,911.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 241,075,196.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 88.4591%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.7886%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FOOTNOTES

STATEMENT 1

PAGE 3, LINE 57 - LAND, BUILDINGS AND EQUIPMENT

	12/31/07	12/31/06
VEHICLES	2,310,217	1,921,439
OFFICE EQUIPMENT	2,695,960	2,481,255
LEASEHOLD IMPRVMTS	399,490	279,746
BUILDING - WAREHOUSE	70,249	70,249
LESS ACCUM DEPR	(3,176,180)	(2,574,026)
NET ASSETS	<u>2,299,736</u>	<u>2,178,663</u>

 FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON DISPOSITION OF INVESTMENTS	16,768,589.	16,062,038.	0.	706,551.
LOSS ON DISPOSITION OF INVESTMENT	1,847,555.	1,848,697.	0.	-1,142.
TO FORM 990, PART I, LINE 8	<u>18,616,144.</u>	<u>17,910,735.</u>	<u>0.</u>	<u>705,409.</u>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
GAIN ON DISPOSITION OF ASSETS	52,788.	81,101.	0.	0.	-28,313.
TO FM 990, PART I, LN 8	52,788.	81,101.	0.	0.	-28,313.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,874,366.
UNREALIZED LOSS ON VALUATION OF INVENTORY PRIOR PERIOD ADJUSTMENT	-569,113.
	110,894.
TOTAL TO FORM 990, PART I, LINE 20	3,416,147.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COST OF SALES - FAMILY PLANNING PRODUCTS	30,688,162.	30,688,162.		
AMORTIZATION	148,781.		148,781.	
ADVERTISING	17,429,845.	17,429,845.		
BANK CHARGES	66,712.		66,712.	
CONSULTING FEES	890,291.	890,291.		
CONTRIBUTIONS	157,121.	157,121.		
PROGRAM EXPENSES - FIELD OPERATIONS	2,416,476.	2,416,476.		
VEHICLE EXPENSE	667,752.	667,752.		
OFFICE EXPENSES AND SUPPLIES	1,022,222.	1,022,222.		
RESEARCH AND DEVELOPMENT	431,561.	431,561.		

BAD DEBT	656,610.	656,610.	
TOTAL TO FM 990, LN 43	54,575,533.	54,360,040.	215,493.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

TO DESIGN AND IMPLEMENT FAMILY PLANNING PROJECTS IN DEVELOPING COUNTRIES

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DONATED VIDEO TAPES	5,710,087.	6,178,340.
LESS: ACCUMULATED AMORTIZATION	-4,229,758.	-4,484,840.
TOTAL TO FORM 990, PART IV, LINE 58	1,480,329.	1,693,500.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE EQUITY SECURITIES	FMV	47,927,949.			47,927,949.
TO FORM 990, LINE 54A, COL B		47,927,949.			47,927,949.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
LOSS ON DISPOSITION OF ASSETS	41,921.
FOREIGN CURRENCY TRANSLATION LOSS	274,198.
REALIZED LOSS ON INVESTMENTS	1,142.
TOTAL TO FORM 990, PART IV-B	317,261.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 10
DESCRIPTION		AMOUNT
LOSS ON DISPOSITION OF ASSETS		-41,921.
FOREIGN CURRENCY TRANSLATION LOSS		-274,198.
REALIZED LOSS ON INVESTMENTS		-1,142.
TOTAL TO FORM 990, PART IV-A		-317,261.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 11
----------	--	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHILIP D. HARVEY 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	PRESIDENT/DIRECTOR 40.00	65,000.	0.	0.
TIMOTHY R. L. BLACK, MD 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	DIRECTOR 5.00	28,392.	0.	0.
ROBERT CISZEWSKI 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	VICE PRESIDENT/DIRECTOR 3.00	5,000.	0.	0.
DAVID R. FRANKSTONE 1414 RALEIGH ROAD, SUITE 320 CHAPEL HILL, NC 27517	SECRETARY 0.00	0.	0.	0.
DAVID A. GROVES 302 MEADOWLAND DRIVE HILLSBOROUGH, NC 27278	ASSISTANT TREASURER 0.00	0.	0.	0.
MICHELE THORBURN 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	ASSISTANT SECRETARY 40.00	56,204.	3,042.	0.
CHRISTOPHER PURDY 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	DIRECTOR 40.00	149,675.	5,400.	73,128.

DANA S. HOVIG 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	DIRECTOR 0.00	0.	0.	0.
DARRYL P. WASHINGTON 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	TREASURER 40.00	121,078.	6,713.	0.
HARRIET LESSER 1701 K STREET NW, SUITE 900 WASHINGTON, D.C. 20006	ASSISTANT TREASURER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>425,349.</u>	<u>15,155.</u>	<u>73,128.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 12
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PHE, INC -- PHILIP D. HARVEY - PRESIDENT		X
INTERNATIONAL FUND FOR HEALTH AND FAMILY PLANNING - PHILIP D. HARVEY - VICE PRESIDENT	X X	
TOWNSEND ENTERPRISES, INC. -- PHILIP D. HARVEY, TREASURER		X
DKT DO BRASIL PRODUTOS DE USO PESSOAL LIMITADA - ORGANIZATION/COMMON CONTROL		X X
SOUTHWICK ENTERPRISES, INC. -- PHILIP D. HARVEY - PRESIDENT/TREASURER		X
PHEELING GOOD, INC -- COMMON CONTROL		X
DKT DE MEXICO SA DE CV - ORGANIZATION/COMMON CONTROL		X
MARIE STOPES INTERNATIONAL -- PHILIP D. HARVEY AND TIMOTHY R. L. BLACK BOARD MEMBERS	X X	
MARIE STOPES INTERNATIONAL -- DANA HOVIG - CHIEF EXECUTIVE OFFICER	X	
DKT EGYPT - ORGANIZATION/COMMON CONTROL		X

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 13

INDIVIDUAL'S NAME

TITLE OR ROLE

PHILIP D. HARVEY

PRESIDENT/DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

HARRET LESSER

ASSISTANT TREASURER

EXPLANATION OF RELATIONSHIP

SPOUSE

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 14

OFFICER'S NAME PHILIP D. HARVEY COMPENSATION 107,086. EMPLOYEE BENEFIT PLAN CONTRIBUTION EXPENSE ACCOUNT

NAME OF RELATED ORGANIZATION PHE INC. EMPLOYER ID NUMBER 56-1335746

RELATIONSHIP BETWEEN ORGANIZATIONS PRESIDENT

OFFICER'S NAME DAVID A. GROVES COMPENSATION 128,752. EMPLOYEE BENEFIT PLAN CONTRIBUTION EXPENSE ACCOUNT

NAME OF RELATED ORGANIZATION PHE INC. EMPLOYER ID NUMBER 56-1335746

RELATIONSHIP BETWEEN ORGANIZATIONS VICE PRESIDENT

FORM 990 NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 15

- NAME OF COUNTRY ETHIOPIA MEXICO INDIA INDONESIA VIETNAM CHINA PHILIPPINES EGYPT

BRAZIL
SUDAN
TURKEY

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 16

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

DKT DE MEXICO SA DE CV

ADDRESS

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
	99.99%	FAMILY PLANNING AND HEALTH ACTIVITIES	1,700,970.	160,052.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

DKT DO BRASIL

ADDRESS

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
	99.96%	FAMILY PLANNING AND HEALTH ACTIVITIES	11,733,459.	297,741.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

DKT EGYPT LLC

ADDRESS

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
	98.00%	FAMILY PLANNING AND HEALTH ACTIVITIES	269,653.	129,377.

FORM 990

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS AN OFFICE

STATEMENT 17

NAME OF COUNTRY

ETHIOPIA
INDIA
MEXICO
INDONESIA
VIETNAM
CHINA
PHILIPPINES
EGYPT
BRAZIL
SUDAN
TURKEY

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 18

DKT INTERNATIONAL, INC. HAS EXTENDED LOANS TO TWO FOREIGN ORGANIZATIONS UNDER COMMON CONTROL WITH THE SAME MISSION - \$4,163,063

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 19

CONSULTING FEES PAID TO DIRECTOR TIM BLACK - \$28,392
CONSULTING FEES PAID TO DIRECTOR ROBERT CISZEWSKI - \$5,000
COMPENSATION PAID TO OFFICER DARRYL P. WASHINGTON - \$121,078
COMPENSATION PAID TO OFFICER MICHELE THORBURN - \$46,236
OFFICER'S SALARY PAID TO PRESIDENT PHILIP D. HARVEY - \$65,000

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization				Employer identification number
	DKT INTERNATIONAL, INC.				58-1593137
	Number, street, and room or suite no. If a P O box, see instructions				For IRS use only
C/O D. FRANKSTONE P.O. DRAWER 2869					
City, town or post office, state, and ZIP code For a foreign address, see instructions.					
CHAPEL HILL, NC 27515					

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **PHILIP D. HARVEY**
 Telephone No **202-223-8780** FAX No. **202-223-8786**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **SEE STATEMENT 20**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **LIDA L. COLEMAN** Title **CPA** Date _____

LIDA L. COLEMAN, CPA

P.O. BOX 4320

CHAPEL HILL, NC 27515-4320

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 20

EXPLANATION

THE ORGANIZATION IS REQUESTING ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN. THE ORGANIZATION IS WAITING FOR VERIFICATION FROM THE RETIREMENT PLAN ADMINISTRATOR.